

## Campaigning for a Healthy Change: Some Issues to Consider in Mobilizing Communities Transcript

### Slide 1

DR. VISWANATH: Thank you, Jon. Actually I should say this. A number of persons has been, as Jon pointed out, has been a real partnership. A number of us are involved in this project. Wonderful colleagues from CDC. We have people from University of Alabama, Kentucky, Pennsylvania, and West Virginia involved in this project. We have people from the American Hospital Association, and of course, a number of us from the National Cancer Institute. My colleagues from the Center for Health Disparities. We have very good and inspired leadership from Harold Freeman -- and Harold Freeman and Joe Harford here. And many colleagues from the Division of Cancer Control and Population Sciences have also contributed to this project. And believe or not, we all actually have a day job, you know. We do something else. But we all came together to work for this really important project. And the reason we did that -- in the large part the credit should actually go to two people who are singularly responsible for bringing us together over the period of the last 12 months. Jon Kerner and Cynthia Vinson. Cynthia, are you in the room Yes, she's here. So, I really would like to congratulate them and give them a hand for the wonderful work they have done for all these months. It's a very difficult task to really get all of us together and to keep us on track when we have other things and other distractions to be preoccupied with. So I really thank you and congratulate you for the wonderful work you and Cynthia have been doing. I really have a number of challenges being the last speaker of a very tiring, long day, after that wonderful dinner. You know one of challenges is that I am fighting is a persistent, nasty cold. So I may be coughing when I'm speaking, but what do you care I mean, I'm not looking for sympathy here, and I don't think it should really concern you. But I think what should concern you and what does concern you, I presume, is that I do have a very tired audience who have been bombarded with a lot of information today. And that's a particular challenge: how to keep you engaged now and listen to my pebbles of wisdom, so to speak. So how do I do that So Joe Harford kindly offered me a suggestion. He said, you know, tell a joke. I may look like a comedian, but I'm not one. So, obviously, I can't do that. And he gave me an opening line. On my way to -- guess what happened on my way Corpus Christi And I was thinking

about it, and after having thought about it, I said, what happened to us getting to this place last night You know, that's no joking matter. We all arrived at 1:30, 2:00, pick your time, you know. So that's not a joke, I can't really joke about it. The only thing that leaves me with is a song and dance. I could sing and dance, but as I've said often, that could be cruel and unusual punishment to most of you, so I won't subject you to that. So that only leaves me with one option. I think what I will do is that I will give you a very brief, sketchy overview of what I'm trying to say. A framework of how to mobilize communities. I won't keep you for long, I assure you. That was not a joke, Joe. I won't keep you for long, but if you want, I will be happy to send you the slides. And also, because you may be dissatisfied because I won't be explaining the details, but I really don't want to do that now, at this point. But if you want, I'll be happy to send you and share with you the slides. And if there are some questions, I'll be happy to amplify and explicate on the points that I'm trying to say.

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There are a number of principles in mobilizing a community to act against elimination of cervical cancer disparities. And also, I am trying to identify certain principles here of how do we actually do that. I think one of the first tasks is to identify and define a problem, the problem of cervical cancer disparity. And then the second thing to do is involve the community leadership. Third, do needs assessment. We have already done that. The needs assessment has been done. Most of the data have been already gathered, have been presented here, and many other kinds of data are already available at the local level, so you don't have to reinvent the wheel. There may be some areas in which we need additional information in terms of why do people don't go for screening -- what are the cultural and other social and economic determinants that prevent them from going in for screening Maybe there are some motivational factors that prevent them from going in for screening. So that kind of needs assessment has to be done And then we have to also think about what role can state and county agencies play in this. After all, as we have said so often today, we cannot really rely on the government to resolve this problem. Not on the government only. We have to act in concert with the government, but not necessarily rely on just the federal government or the state government.

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And then, we have to use communication. Not the wisdom we have accumulated over almost over almost four to five decades of research

on communication and campaigns, but we have to use that to mobilize the communities, particularly the role of media, the role of community organizations in promoting communication and acting as communication channels. And lastly, I will just show a model for planning and execution. And as I said, I won't go through all of these, I'll be just be very brief about these things.

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But a couple of things we have not touched on, I want to touch on today. How do we define the problem How does an issue come to be a problem When do we say an issue is a problem Okay, when we say it's problem, already we are making a judgment about it, that it is something that needs to be resolved somehow. Right So one of the things that we need is that there should be a condition that should exist out there. Bad traffic. Bad airports or traffic conditions. Bad air. Bad water. Pollution. These are conditions. But these conditions have to be defined as unacceptable. That is a critical point. So there are a lot of conditions out there. There are many conditions out there. But we don't say all of those conditions are unacceptable. So somehow we have to come to define a condition as unacceptable, then it is considered a social problem. A problem. So, obviously, it has a model component to it, right When we set a social problem it is something we have to act to resolve and ameliorate that condition. So that conditions can be abated, and people who are victims or suffering from it, you know, can be eased, and their suffering can be eased. Okay. So that is the critical challenge. Repeatedly, the statement has been made today. No woman need die of cervical cancer. It is simply unacceptable that this is happening. And somehow we have to define it for the publics. And intentionally, I'm saying publics. There's not one single group of people. Right. So that is one of the conditions in defining a social problem. One of the first things we want to do before we mobilize the community. And then, of course, lastly, you have to communicate this injustice of this condition for the public.  
(unintelligible)

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So one of the things we want to do is involve the leadership. Dr. Rogers has been really eloquent about the importance of leadership. And I don't know how many studies have repeatedly shown the important role leaders play. They are necessary for policy change. They are necessary for providing resources. And not necessarily monitoring resources. Other kinds of intangibles and intellectual support. And lobbying support and so on and so forth. And they can

provide the legitimacy to the issue. Legitimacy is acceptability. That this is a condition that's worth resolving. And that is really important.

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The next slide will tell you why - when I talk about mass media, I'll tell you why legitimacy could play a very significant role. So how do you identify leadership in a community Well one question, of course, you can ask them: "Do you or do you not have Bermuda shorts in your wardrobe " But I think that may or may not help. One of the things sociologists have used very successfully is what is called as a community reconnaissance method. I won't go into the details of this method, except to say that first, you identify people who hold certain positions in the social system in a community. The positional of the positional approach, as it is called. The mayor of a city -- maybe you can go and interview him. MR. VISWANATH: (beginning lost on tape turnover) . problems with cervical cancer disparities. We are trying to, maybe, increase funding or increase access to the poor for screening. So, who do you think in the community can help us besides yourself And they will provide you with some names, and you go and take those names, and you go and interview them. And they will again, in turn, can be asked for some names. And pretty much, within a very short time, you will have actually come up with a very good inventory of leaders in the community on the issue you are interested in. And we have successfully employed this technique in our campaigns, in our cancer and dietary prevention project. My colleague Jim Hertog was also involved in it -- where we have employed this technique. We have used it in the Minnesota Heart Disease program, the Stanford Heart Disease Prevention Program, and so and so forth. And a number of projects in developing counties. So we can identify not only the positional people who are legislators and representatives and you will be given some information and data on that: who are your representatives. But also community influentials who can influence change in the community. And we can identify sectoral leadership. Somebody who is a -- leaders in fashion in the community may not be an opinion leader for cervical cancer. So I think the leadership may vary from place to place, from issue to issue.

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So you can build a community inventory of community organizations because our research has clearly demonstrated that community organizations -- you must have heard about that attention that has been received by this concept of social capital. Where being involved with the community builds the sense of trust among community

members who are participants in these organizations. And social capital has been found to be related to a number of things: better health, better income, and so on and so forth. But one of the important things that has not been looked at, and I'm just doing some analysis of some data on that now -- that membership in organizations is also a source of information. People learn a lot from other members in those organizations about health. So you can build an inventory of organizations, and I have listed a few as exemplars. This is now just to be meant to be again, suggestive or illustrative rather than exhaustive.

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Media. I think the role of media has to be understood in its proper context. We all blame television. We all blame radio and newspapers, and we say, "all those journalists" and all. "They do nothing but negative coverage." But I think, as some of you know -- most of you have actually worked with the media in the communities. I think media can be very usefully exploited for our purposes for mobilizing the community. If you have this legitimacy, which I mentioned earlier, the topic about elimination of disparities is a legitimate issue; it's an unacceptable model condition. I think it really appeals to journalists. Journalists who are always, advocacy oriented, who are objective, but yet want to unravel the unacceptable things from the social system. They can be given this story about this legitimate topic. And media help in defining the issue. Media not only amplify an issue for the public. There is a large people number of people that listen to media, watch media, read media, but actually define the issue. We just don't say "bin Laden," right We say "bin Laden is an evil guy." So there is a definition associated with bin Laden. That's what I mean. So they just don't say "cervical cancer" as much as to say "cervical cancer disparities that are unacceptable and that need to be resolved." So that is what media can really help us. Some people call it framing. They can frame this message for the public so they can make this problem of cervical cancer salient and promote the public's knowledge about this topic. And lastly, they can provide mobilizing information. What I mean by mobilizing information is, you know, they can say, "Screening is being done in certain areas." Or "There is a new program that provides access to poor people." People can learn from what is happening in the media in terms of events and occurrences. And people can go there.

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How do we do that Involve the media executives in your planning:

publishers, general managers, editors, and so on and so forth on your advisory committees. Because they are committed to the community. Publishers and editors are -- as I said, they may be objective in their reporting and may be critical of the power structure, sometimes, not always -- they are committed to the community. And they can be involved on various boards. And then you have to build a relationship with the reporters.

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The reason is: Reporting does not occur spontaneously out of thin air. Even the people say that news isn't out there, and you have to have a nose for news. News is actually socially constructed. Newspapers are a bureaucracy, so any news medium, news structure, is a bureaucracy. It's a very organized form of collecting information. For example, news reporters have a beat system: the county beat, the crime beat, the police beat, the court beat. So there are routines -- journalists go out and collect news very routinely. So, in fact 90 percent of the coverage in the media is from sources who are elected officials or bureaucrats. So, it's very predictable what will be in the news. And if you know what the beat system is, and how it looks like. So I think you can actually understand a lot about how the reportorial process, if you know the beat system, the routine nature of reporting. And news releases have their value. Actually, especially in small town newspapers and community weeklies, they can be very valuable. They are often taken and reedited in the form of stories. You can create media events and the power of drama. You have a very powerful story, here. And you are better at it than any of us can be. And that power of drama, a journalist can never resist the temptation for a powerful story. And I think the power of drama can really -- that is very important, don't mistake me. Okay. But just think about what we did today. And I know one of the participants - one of our colleagues this morning told us a very poignant story about her mother, right. We have been discussing data, but this is a story we remember. So stories anchor these data and provide a context for us and give meaning to what we say. (slide) So let me just quickly -- I just covered two issues: how to involve the media and how to involve the leadership. But there are many things to community mobilization. I won't go through all of them given the short time we have.

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So I will just show you a matrix that is again, illustrative, that can be used for planning community mobilization. Okay, and I'm not saying that this is the way to look at it, but it is one of the ways to look at it.



I don't know how many people can see at the back. What this matrix does -- let me verbalize it, if I can. It identifies who are the primary sponsors of a message. Say the message is about promoting screening for cervical cancer. Okay, who is the primary sponsor for promotionals? Maybe a community service group takes up this cause and says we are going to publicize and promote screening of cervical cancer in our community. Then you have to identify who your audiences are -- that's what the third column says. What the audiences could be health care providers or primary care providers or clinics. And then identify some partners, like the local chapter of ACS, who can help you, who can work with you to get that synergy. Then the strategy -- how do we actually communicate this message. What we tell them. How do we frame that message. And what are the channels that we are likely to use. Meetings with the local professional associations; targeted or tailored mailing to the providers; one on one meetings. Time. How long will this take? How long shall we set aside for the campaign? Sometimes it may take 12 months. Sometimes it may take 12 years. In the case of smoking, it took us 40 years or 50 years to come to where we are today. So time is a very important element -- I think Ev also talked about it. And what kind of impact do we see? That's the second to last column. What do we want to see at the end of our mobilization campaign? What do we have in mind? And then, how do we track it? The last column talks about tracking. And you don't need to really have a Ph.D. in evaluation to do this, you know. All we want to do is -- what are we doing, how are we doing it, and are we really doing it or not? Just keeping the records of what we're trying to do can be better than nothing. So this is one suggestive or illustrative matrix -- another could be helpful for communication planning purposes. We found it useful, and the credit should largely go to Jon and Cynthia and Barbara Reimer, who actually worked with me in developing this matrix for a different project we were working -- a diffusion and dissemination task force that we were talking about. And we adopted it for this model here.

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So, I'll just stop here and say that there are a number of endpoints we can infer. Obviously, the idea of priority setting is exactly this. Tomorrow, we want to talk about what is it exactly we want to see. What are the end points. We could be aiming for individual awareness about screening, and we may be looking for changes in behavior, either in physicians or clinicians or in the individuals. Maybe clinic changes and clinical practice or promoting access which is a structural issue, a system issue, not an individual level issue. Increased funding,

a systematic issue again, a structural issue, or change in public policy. So we have to be very clear ahead of time: what is it we seek as an endpoint in our mobilization campaign And we can't achieve all of them. At the same time we cannot ignore the rest of them. But we have to really work in a very nested way. We even want to bring about individual change. We cannot ignore the structural conditions such as culture and socioeconomic status, etc., as has been arraigned for us so often today.

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So, I think for the next day or so, that's what we are going to talk about. How do we -- where do we go from here after having heard so much from all of those and how do we get there I think we've made a good beginning in this afternoon with our discussions, and a number of wonderful insights have come out of our discussions and our group participation process. And I think we will continue with that tomorrow. Thank you.